

## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

## ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Education		CONTACT PERSON Cindy Coon	TELEPHONE NUMBER 601.359.3483	
ADDRESS Office of Educator Licensure; P.O. Box 771		CITY Jackson	STATE MS	ZIP 39205
EMAIL ccocon@mde.k12.ms.us	SUBMIT DATE 10/22/2012	Name or number of rule(s): Changes to Alternate Route Programs		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: In 2010, a legislative task force recommended that the Mississippi Department Education review currently approved alternate route teacher preparation programs and make changes regarding subject areas and uniformity. In fall of 2011, the Commission on Teacher and Administrator Education, Certification and Licensure and Development (the Commission) authorized a subcommittee to study the issue. In July of 2012, the subcommittee presented to the Commission seven (7) recommendations for changes to the alternate route programs. The Commission approved the recommendations on September 7, 2012.

Specific legal authority authorizing the promulgation of rule: Mississippi Code 37-3-2

List all rules repealed, amended, or suspended by the proposed rule: Guidelines for Mississippi Educator Licensure

## ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

## ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Cindy Coon, Director of Educator Licensure

Signature of person authorized to file rules: Cindy Coon

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
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Accepted for filing by _____	Accepted for filing by <u>CW</u>	Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.